

SERFF Tracking Number: BEAC-125789832 State: Arkansas  
First Filing Company: The Employers' Fire Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: 2008-WC-AR-RU-496  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation/496

## Filing at a Glance

Companies: The Employers' Fire Insurance Company, OneBeacon America Insurance Company

Product Name: Workers Compensation SERFF Tr Num: BEAC-125789832 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 2008-WC-AR-RU-496 State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Authors: Linda Jordan-Dow, Sharon Kennedy Disposition Date: 09/10/2008  
Date Submitted: 09/10/2008 Disposition Status: Approved  
Effective Date Requested (New): 10/10/2008 Effective Date (New): 10/10/2008  
Effective Date Requested (Renewal): 10/10/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Workers Compensation Status of Filing in Domicile:  
Project Number: 496 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/10/2008  
State Status Changed: 09/10/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

We are filing revisions to our Workers Compensation Rule Page for Workers Compensation by adding an option for ten equal payments. This will give insureds an additional option to pay their premium. The new option is described in IR-1 edition Date 07 07. We have amended our installment charge for policies with a total estimated cost under \$10,000 from \$10.00 on each bill to \$6.00 on each bill.

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## Company and Contact

### Filing Contact Information

Linda Jordan-Dow, Senior Compliance Analyst ljordandow@onebeacon.com  
 One Beacon Lane (781) 332-7262 [Phone]  
 Canton, MA 02021 (617) 725-6888[FAX]

### Filing Company Information

The Employers' Fire Insurance Company	CoCode: 20648	State of Domicile: Massachusetts
One Beacon Lane	Group Code: 1129	Company Type:
Canton, MA 02021-1030	Group Name:	State ID Number:
(781) 332-7000 ext. [Phone]	FEIN Number: 04-1288420	

OneBeacon America Insurance Company	CoCode: 20621	State of Domicile: Massachusetts
One Beacon Lane	Group Code: 1129	Company Type:
Canton, MA 02021-1030	Group Name:	State ID Number:
(781) 332-7000 ext. [Phone]	FEIN Number: 04-2475442	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: Filing fee for Independent rate filing is \$100.00. This filing is for a Rule filing.

The filing fee for this filing is \$100.00.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Employers' Fire Insurance Company	\$0.00	09/10/2008	
OneBeacon America Insurance Company	\$100.00	09/10/2008	22406152

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/10/2008	09/10/2008

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## Disposition

Disposition Date: 09/10/2008  
Effective Date (New): 10/10/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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 Project Name/Number: Workers Compensation/496

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Explanatory Memorandum	Approved	Yes
<b>Supporting Document</b>	Side by Side Mark up	Approved	Yes
<b>Rate</b>	Rule 1. Installment Payment of Premium	Approved	Yes

*SERFF Tracking Number:*      *BEAC-125789832*                      *State:*                      *Arkansas*  
*First Filing Company:*      *The Employers' Fire Insurance Company, ...*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *2008-WC-AR-RU-496*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers Compensation*  
*Project Name/Number:*                      *Workers Compensation/496*

## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Rule 1. Installment Payment of Premium	IR-1 07 07	Replacement	IR-1 07 07 .pdf

**@vantage For POLICIES**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**  
**INDEPENDENT RULES**

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**Rule 1. Installment Payment of Premium**

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A. The following installment payment options are applicable to new and renewal business. The initial policy premium will be payable in full, unless the insured is offered one of the following options to pay the premium in installments:

**1. Payment Plans for Annual Policies**

**a. Annual Plan**

This option requires payment of the premium in full on the initial bill with no installments available.

**b. 2 Payment Plan**

This option requires an initial payment of fifty percent (50%) of the annual premium on the initial billing with one (1) remaining installment of 50% billed in the fourth month of the policy term.

**c. 4 Payment Plan**

This option requires an initial payment of twenty-five percent (25%) of the annual premium on the initial billing with three (3) remaining installments of 25% each due on the third month, the fifth month and the seventh month of the policy term.

**d. 7 Payment Plan**

This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance paid over a maximum of six (6) monthly installments for a total of seven (7) payments.

**e. 10 Payment Plan**

This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance of the premium payable over a maximum of nine (9) monthly payments for a total of ten (10) payments.

**f. 10 Equal Payments Plan**

This option requires ten equal payments.

**g. Electronic Funds Transfer (EFT) *OnTime* Program**

This option consists of a "level bill" offering up to twelve (12) monthly installments and is only available to insureds that elect our *OnTime* electronic funds transfer program. We will also offer all of our payment plans on this system. A two (\$2.00) dollar fee may be charged per deduction when this option is chosen.

**2. NOTE:** If no billing option is selected at issuance of the policy, the payment plan will automatically default to our 10 pay plan (1.e.). Additionally, any deposit received prior to the issuance of a policy will reduce the minimum due on the first (initial) bill. If the policy is late

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entered, the system will bill the number of installments that would have normally been billed at that time.

**3. Payment Plan for Semi-Annual Policies**

The billing of six (6) month policies will consist of an initial bill of 50% followed by three additional monthly installments. If the policy is late entered, the system will bill the number of installments that would have normally been billed at that time.

**B. Installment Charge**

1. If an installment payment method is elected by the insured, an installment charge will be added to the minimum due on each bill as follows:

\$ 6.00 for policies with a Total Estimated Cost under \$10,000 at policy inception

\$10.00 for policies with a Total Estimated Cost of \$10,000 or more at policy inception

2. Each installment bill will afford the insured the opportunity to pay the balance of the premium in full and thus eliminate any future installment charges for that policy term.

**C. Late Payment Fee**

A \$25.00 late payment fee will be charged to an insured's policy every time that a Statutory Notice

of Intent to Cancel is issued in a policy term.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b> Approved	09/10/2008
<b>Comments:</b>		
<b>Attachment:</b> P&C Transmittal -Arkansas.pdf		
<b>Bypassed -Name:</b> NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	09/10/2008
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		
<b>Bypassed -Name:</b> NAIC loss cost data entry document	<b>Review Status:</b> Approved	09/10/2008
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Explanatory Memorandum	<b>Review Status:</b> Approved	09/10/2008
<b>Comments:</b>		
<b>Attachment:</b> Explanatory Memorandum WC Payment Plan .pdf		
<b>Satisfied -Name:</b> Side by Side Mark up	<b>Review Status:</b> Approved	09/10/2008
<b>Comments:</b>		
<b>Attachment:</b> wc_Payment Plans. 07 07 Mark up doc.pdf		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
White Mountains Group	1129

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Employers' Fire Insurance Company	MA	1129-20648	04-1288420	
OneBeacon America Insurance Company	MA	1129-20621	04-2475442	

<b>5. Company Tracking Number</b>	2008-WC-AR-RU-496
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Linda Jordan-Dow	Senior Compliance Specialist	781-332-7262	877-760-8032	ljordan-dow@onebeacom.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Linda Jordan-Dow
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**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/10/08      Renewal: 10/10/08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	9/10/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2008-WC-AR-RU-496
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** EFT  
**Amount:** EFT

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

**Explanatory Memorandum - Rules  
Workers Compensation  
Ten Pay Equal Payment Plan**

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